

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90316 049 ***150.00

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DOCUMENT # P00000002996

1. Entity Name
THOMASSON, INC.



Principal Place of Business
**214 A 6500 SUNSET WAY
SAINT PETERSBERG BEACH FL 33706**

Mailing Address
**P.O. BOX 66821
SAINT PETERSBURG BEACH FL 33703**



2. Principal Place of Business
509 55th AVE
Suite, Apt. #, etc.

3. Mailing Address
509 55th AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ST PETE Bch, FL
Zip
33706

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ST PETE Bch, FL
Zip
33706

4. FEI Number
59-3616896

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
William H. Krodell & Assoc
Street Address (P.O. Box Number is Not Acceptable)
4437 Central Ave.
City
St. Petersburg FL Zip Code
33713

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William H. Krodell, P.A.**
Signature typed or printed name of registered agent and title if applicable.

4/28/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
THOMASON, DONALD S
214 A 6500 SUNSET WAY
SAINT PETERSBERG BEACH FL 33706** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**509 55th AVE
St. Pete Bch, FL. 33706** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-23-03

Date

Daytime Phone #

CP2E034 (10/02)